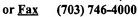
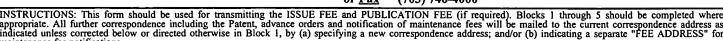
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 \$





CURRENT CORRESPONDENCE	E ADDRESS (Note: Use Block 1 for any	change of address)	Note: A certificate	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, much ave its own certificate of mailing or transmission.	
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1800 DIAGONAL			I hereby certify that	Certificate of Mailing or Trans at this Fee(s) Transmittal is being	smission g deposited with the Un
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ALEXANDRIA, VA 22314			transmitted to the U	at this Fee(s) Transmittal is bein ce with sufficient postage for fir Mail Stop ISSUE FEE address JSPTO (703) 746-4000, on the c	late indicated below.
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APPLICATION NO.	FILING DATE	FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO
10/088,114	07/18/2002	Hirosh	i Inoue	NIP-275	8078
APPLN. TYPE nonprovisional	SMALL ENTITY NO	ISSUE FEE	PUBLICATION FEE 2 \$0	TOTAL FEE(S) DUE	DATE DUE
		\$1270 \$1400	30	\$1370 	02/02/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
FREAY, CHAP	LES GRANT	3746	060-776000		
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cu Number is required.		f a Customer 2 registere	registered attorney or agent) and the names of up to		
ASSIGNEE NAME AND	RESIDENCE DATA TO BE	PRINTED ON THE PATENT	(nrint or type)		
PLEASE NOTE: Unless		w. no assignee data will ann	ear on the natent. If an ac	signee is identified below, the d	ocument has been filed
			CE: (CITY and STATE OR	COUNTRY)	
(A) NAME OF ASSIGNE					
, ,),	Tokyp.	JAPAN		
HITACHI, LTI) .	Tokyp,	JAPAN		
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HITACHI, LTI lease check the appropriate a. The following fee(s) are e in Issue Fee in Advance Order - # of Change in Entity Status (a. Applicant claims Sh	assignee category or categorie enclosed: mall entity discount permitted) Copies (from status indicated above) MALL ENTITY status. See 37	s (will not be printed on the p 4b. Payment of A check Payment The Dire Deposit Acc	Fee(s): in the amount of the fee(s) i by credit card. Form PTO-2 ector is hereby authorized bount Number 20-14	s enclosed. 2038 is attached. 2038 the required fee(s), or (enclose an extra compared to the c	credit any overpaymer opy of this form). FR 1.27(g)(2). ation identified above, he assignee or other par

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